



## Lamont-Bysiewicz Transition Policy Committee

**Committee Name: Human Services – I/DD Subcommittee**

**Co-Chairs: Andrea Barton Reeves, Luis Perez**

### **1. How do you propose the Lamont Administration should prioritize the policy goals in this area, and on what timeframe?**

The Lamont Administration must decide whether to maintain the status quo and serve fewer people or to change the system and serve more people in need. Connecticut can build a world-class human service system with high quality individualized supports and a thriving community support network. If your administration empowers change, we can unleash the next wave of innovation that will strengthen communities and ensure full participation for people all people, including children, people with disabilities, veterans, seniors and people who have been incarcerated.

### **2. Which goals are achievable in the first 100 days of the Administration?**

- **Increase efficiency & streamline services to improve employment outcomes for people with I/DD as required by the federal Workforce Innovation Act.** The Governor should direct the DOL, DORS, DDS and SDE to sign an interagency memorandum of understanding to align policies, service delivery practices and funding during a person’s transition from an LEA to adult services. (MOU Addendum)
- **Increase independence and improve the lives of individuals with disabilities & seniors.** Make CT the 2<sup>nd</sup> in the nation “Technology First” state, increasing access to Assistive Technology for work, school and community living. (Technology First Addendum)
- **Develop a Business Plan that strategically deals with the pending outflux of State employees which will begin June 30, 2021 and culminate June 30, 2022.**
  1. Convert outdated costly DDS institutions to develop and expand the continuum of individualized community supports.
  2. Reduce massive overtime at DDS institutions by redeploying state employees to address unmet needs in the community.
  3. Re-invest a portion of conversion savings to serve more people and enhance community supports.
  4. Support collaboration and continue the Governor’s Cabinet on Nonprofit Health and Human Services.
  5. Include green energy incentives for POS contracts. This will create jobs and lowers operating costs.
  6. Workforce Development & Retention – Training Academy with apprenticeships; transition training; student loan forgiveness; SNAP Employment & Training Certificates.
  7. Coordinate overlapping efforts of state agencies, create efficiencies by standardizing similar certifications & requirements, and blend funding for services such as employment supports (DORS model) and housing supports (DDS & Seniors)

### **3 Which goals will require legislation to move forward? Which items can be advanced through the actions of the Administration alone? What is the fiscal impact of these legislative or executive actions?**

- The interagency MOU would be advanced through the actions of administration alone. It would have no fiscal impact.
- The Technology First initiative would be advanced by the actions of the administration, via executive order, as was done in Ohio. It would have no fiscal impact.
- Developing a Business Plan to convert Services and redeploy State employees can be done through Administrative action. Approx. savings in OT and cost reductions \$100 million/year

**4 Are there specific challenges you can identify with regard to achieving the Lamont Administration’s goals, and how would you suggest to address those?**

The biggest challenge is inertia and the resistance of state agencies to change or innovate. Connecticut can no longer afford to do business as usual, particularly in DDS where thousands wait for services. The Administration sets the tone & the expectation. Bringing in fresh ideas and drawing upon the creativity and expertise from people outside of government must continue. State agencies must also be held accountable for necessary systems change.

**5 How will implementation of policy in this area create jobs and spur economic growth?**

Creating better access to jobs for people with I/DD through streamlining supports and access to assistive technologies expands our tax base and decreases dependence on government funded programs.

A revitalized business climate that ensures Connecticut’s human service system has the resources necessary to support our priorities as a state including caring for our most vulnerable communities and sharing broadly in economic prosperity for those who provide the services. Let human service businesses thrive by ensuring fair and efficient practices and standards in state contracting, licensing, and auditing; allowing them to create good jobs with good wages that keep up with costs faced by the middle class. This will create an opportunity where trained students and workers will want to enter the field to compete for the jobs of today and tomorrow.

**6 Are there opportunities for cost savings for CT state government in the context of implementing this policy?**

Connecticut can save approximately \$115 million per year with no layoffs through attrition and reassignment of state employees. (Cost Savings Addendum)

**7 What examples of success from other states, countries, or the private sector in this policy area should the Administration study?**

- Colorado - Employment Outcomes for people with I/DD (MOU addendum)
- Ohio – Technology First (Technology First addendum)
- Massachusetts - Transferring direct services from the public to the private sector from 2008-2014
- Pennsylvania - Reinvesting savings from conversion, enabling innovation and increased individualization of supports.

**8 Are there any other issues/considerations you would like to highlight with regard to this policy area?**

Policies adopted by the administration should increase access to training, supports and services that enable all individuals, including those with disabilities, to live, learn, work and socialize in the community of their choice.

The Governor’s Cabinet on Nonprofit Health and Human Services submitted a report to Governor Malloy in May 2018. The list of implemented, ongoing and remaining recommendations can be found in section IV of the 2018 Report. We strongly support the recommendations, specifically those related to Rate Methodology. (Cabinet on Health & Human Services Report, pages 11-2)